OP01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

What is the name of the outpatient department?

[Enter Department Name] ....

OP02
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

OUTPATIENT DEPT. NAME: {OUTPATIENT DEPT NAME FROM OP01}

Did (PERSON) visit the (OUTPATIENT DEPARTMENT) at (PROVIDER) on (VISIT DATE) in person **or** was this a telephone call?

SAW PROVIDER 1
TELEPHONE CALL 2
REF .... -7
DK .... -8

[Code One]

| DISPLAY THE TEXT ENTRY FROM OP01 FOR 'OUTPATIENT |
| DEPT NAME FROM OP01'. |

| IF OP02 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS|
| 'OP-IN-PERSON'. |

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW) FLAG EVENT AS |
| 'OP-TELEPHONE'. |

OP03
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

(Were/Was) (PERSON) referred for this particular {visit/telephone
call} by another physician or medical person?

```
      YES ..................................... 1
      NO ...................................... 2
      REF .................................... -7
      DK ..................................... -8
```

PRESS F1 FOR DEFINITION OF REFERRED.

```
--------------------------------------------------------
| DISPLAY 'visit' IF OP02 CODED '1' (SAW PROVIDER), |
| '-7' (REFUSED), OR '-8' (DON'T KNOW).  DISPLAY    |
| 'telephone call' IF OP02 CODED '2' (TELEPHONE     |
| CALL).                                            |
--------------------------------------------------------
```

OP04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

{Did (PERSON) see a medical doctor during this particular visit?/Was this telephone call about (PERSON)'s health with a medical doctor?}

```
YES ................................... 1
NO .................................... 2 {OP05}
REF .................................. -7 {OP05}
DK ................................... -8 {OP05}
```

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

```
---------------------------------------------------
|  DISPLAY 'Did (PERSON) see a medical doctor during |
|  this particular visit?' IF OP02 IS CODED '1' (SAW |
|  PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)    |
|  FOR THIS EVENT.                                    |
|                                                     |
|  DISPLAY 'Was this telephone call about (PERSON)'s  |
|  health with a medical doctor?' IF OP02 IS CODED    |
|  '2' (TELEPHONE CALL) FOR THIS EVENT.               |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF CODED '1' (YES) AND OP02 IS CODED '1' (SAW     |
|  PROVIDER), GO TO OP06                             |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF CODED '1' (YES) AND OP02 IS CODED '2'          |
|  (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T  |
|  KNOW), GO TO BOX_01                               |
---------------------------------------------------
```

OP05
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

What type of medical person did (PERSON) talk to on (VISIT
DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN
PROVIDER.

```
        CHIROPRACTOR ..........................  1
        DENTIST/DENTAL CARE PERSON ............  2
        MIDWIFE ...............................  3
        NURSE/NURSE PRACTITIONER ..............  4
        OPTOMETRIST ...........................  5
        PODIATRIST ............................  6
        PHYSICIAN'S ASSISTANT .................  7
        PHYSICAL THERAPIST ....................  8
        OCCUPATIONAL THERAPIST ................  9
        PSYCHOLOGIST .......................... 10
        SOCIAL WORKER ......................... 11
        TECHNICIAN ............................ 12
        OTHER ................................. 91
        REF ................................... -7
        DK .................................... -8
```

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

```
    -------------------------------------------------
    |  IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE  |
    |  WITH OP06                                      |
    -------------------------------------------------


    -------------------------------------------------
    |  IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'    |
    |  (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_01  |
    -------------------------------------------------
```

OP06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

Approximately how much time did (PERSON) actually spend with
{**the doctor**/that medical person}?

Would you say ...

```
5 minutes or less, .................... 1
6 - 10 minutes, ....................... 2
11 - 15 minutes, ...................... 3
16 - 25 minutes, ...................... 4
26 - 40 minutes, or ................... 5
41 minutes or more? ................... 6
REF ................................... -7
DK .................................... -8
```

[Code One]

```
---------------------------------------------------
|  DISPLAY 'the doctor' IF OP04 IS CODED '1' (YES). |
|  DISPLAY 'that medical person' IF OP04 IS CODED '2'|
|  (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW).       |
---------------------------------------------------
```

BOX_01
======

```
---------------------------------------------------
|  IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'      |
|  (REFUSED), OR '-8' (DON'T KNOW), GO TO OP08       |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH|
|  OP07                                             |
---------------------------------------------------
```

OP07
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

OUTPATIENT DEPT. NAME: {OUTPATIENT DEPT NAME FROM OP01}

SHOW CARD OP-1.

Please look at this card and tell me which category **best**
describes the care (PERSON) received during the visit to
(OUTPATIENT DEPARTMENT) at (PROVIDER) on (VISIT DATE)?

```
GENERAL CHECKUP ........................ 1
DIAGNOSIS OR TREATMENT ................. 2
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3
PSYCHOTHERAPY OR MENTAL HEALTH
COUNSELING ............................. 4
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5
IMMUNIZATIONS OR SHOTS ................. 6
VISION EXAM ............................ 7
MATERNITY CARE (PRE/POSTNATAL) ......... 8
WELL CHILD EXAM ........................ 9
OTHER .................................. 91
REF .................................... -7
DK ..................................... -8
```

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

```
-------------------------------------------------------
|  DISPLAY THE TEXT ENTRY FROM OP01 FOR 'OUTPATIENT  |
|  DEPT NAME FROM OP01'.                             |
-------------------------------------------------------


-------------------------------------------------------
|  IF CODED '8' (MATERNITY CARE (PRE/POSTNATAL)),    |
|  CHECK THAT PERSON IS FEMALE.  IF NOT, DISPLAY THE |
|  FOLLOWING MESSAGE:  'CODE UNAVAILABLE FOR MALES.  |
|  VERIFY AND RE-ENTER.'                             |
-------------------------------------------------------


-------------------------------------------------------
|  IF CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON |
|  IS <7 YEARS OLD (OR AGE CATEGORIES 1 TO 3).  IF   |
|  NOT, DISPLAY THE FOLLOWING MESSAGE:  'CODE        |
|  UNAVAILABLE FOR PERSONS 7 AND OLDER.  VERIFY AND  |
|  RE-ENTER.'                                        |
-------------------------------------------------------
```

OP08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

Was this {visit/telephone call} related to any specific health
condition or were any conditions discovered during this {visit/
telephone call}?

```
     YES ..................................... 1
     NO ...................................... 2 {BOX_02}
     REF ................................... -7 {BOX_02}
     DK ................................... -8 {BOX_02}
```

```
      ----------------------------------------------------
     |  DISPLAY 'visit' IF OP02 IS CODED '1' (SAW         |
     |  PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)   |
     |  FOR THIS EVENT.  DISPLAY 'telephone call' IF OP02 |
     |  IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.      |
      ----------------------------------------------------
```

OP09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

What conditions were discovered or led (PERSON) to make this
{visit/telephone call}?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME
OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

    [1. Medical Condition] ....
    [2. Medical Condition] ....
    [3. Medical Condition] ....
    OTHER SPECIFY: (_____) 91

```
 -------------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS PERSON'S-     |
|  MEDICAL-CONDITIONS-ROSTER.                           |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
|  DISPLAY 'visit' IF OP02 IS CODED '1' (SAW           |
|  PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)     |
|  FOR THIS EVENT.  DISPLAY 'telephone call' IF OP02   |
|  IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.        |
 -------------------------------------------------------
```

```
---------------------------------------------------------
|  ROSTER BEHAVIOR SPECIFICATIONS:                        |
|                                                         |
|  1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY       |
|     LISTED ON THE ROSTER.  DOING SO SHOULD NOT          |
|     IMPACT THE ROUND FLAG OF THE CONDITION.             |
|  2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF|
|     CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO        |
|     LIMIT TO THE NUMBER OF CONDITIONS).  AS             |
|     CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED |
|     WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE|
|     FIRST CREATED.  THIS ROUND FLAG WILL BE USED        |
|     LATER IN THE INTERVIEW TO DETERMINE WHICH           |
|     QUESTIONS SHOULD BE ASKED.                          |
|  3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION |
|     THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS|
|     USED.  THAT IS, AS LONG AS THE INTERVIEWER HAS |
|     NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO          |
|     DELETE A CONDITION ENTERED IN ERROR.  IF DELETE|
|     IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED  |
|     (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY |
|     THE FOLLOWING ERROR MESSAGE:  'DELETE ALLOWED  |
|     ONLY WHEN CONDITION IS FIRST ENTERED.'              |
---------------------------------------------------------
```

BOX_02
======

```
---------------------------------------------------------
|  IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'            |
|  (REFUSED), OR '-8' (DON'T KNOW), GO TO OP14            |
---------------------------------------------------------

---------------------------------------------------------
|  IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH|
|  BOX_03                                                 |
---------------------------------------------------------
```

BOX_03
======

```
         ------------------------------------------------------
        |  IF OP05 IS CODED '2' (DENTIST/DENTAL CARE PERSON),|
        |  '3' (MIDWIFE), OR '5' (OPTOMETRIST), GO TO OP11   |
         ------------------------------------------------------


         ------------------------------------------------------
        |  OTHERWISE, CONTINUE WITH OP10                      |
         ------------------------------------------------------
```

OP10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE
PROVIDER......}   {EVN-DT}

SHOW CARD OP-2.

**Looking at this card, which of these treatments, if any, did
(PERSON) receive during this visit?**

CODE '95' IF NO TREATMENTS WERE RECEIVED.
CODE ALL THAT APPLY.

```
      PHYSICAL THERAPY ....................... 1
      OCCUPATIONAL THERAPY ................... 2
      SPEECH THERAPY ......................... 3
      CHEMOTHERAPY ........................... 4
      RADIATION THERAPY ...................... 5
      KIDNEY DIALYSIS ........................ 6
      IV THERAPY ............................. 7
      DRUG OR ALCOHOL TREATMENT ............. 8
      ALLERGY SHOT ........................... 9
      PSYCHOTHERAPY/COUNSELING .............. 10
      NO TREATMENTS RECEIVED ................ 95
      REF ................................... -7
      DK .................................... -8
```

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

```
-------------------------------------------------------
|  ALLOW CODE '95' (NO TREATMENTS RECEIVED), '-7'      |
|  (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN      |
|  THE FIRST FIELD ONLY.  ALL OTHER RESPONSE CODES     |
|  MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER.    |
|  CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY    |
|  ON THE SCREEN.                                      |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  EDIT:  IF CODED '95' (NO TREATMENTS RECEIVED),      |
|  NO OTHER TREATMENT CATEGORIES SHOULD BE CODED.      |
|  IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING|
|  MESSAGE:  'INVALID RESPONSE.  PRESS ENTER ON A      |
|  BLANK FIELD.'                                       |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY      |
|  FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY         |
|  ABBREVIATION BELOW THE ENTRY FIELD.  THE FOLLOWING|
|  ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR    |
|  THIS DISPLAY:                                       |
|                                                      |
|      CODE '1' = 'PHYS'                               |
|      CODE '2' = 'OCCPT'                              |
|      CODE '3' = 'SPCH'                               |
|      CODE '4' = 'CHEMO'                              |
|      CODE '5' = 'RADIA'                              |
|      CODE '6' = 'KIDNY'                              |
|      CODE '7' = 'IV'                                 |
|      CODE '8' = 'DRUG'                               |
|      CODE '9' = 'ALRGY'                              |
|      CODE '10'= 'PSYCH'                              |
|      CODE '95'= 'NONE'                               |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  NOTE:  'NO TREATMENTS RECEVIED' IS NOT DISPLAYED    |
|  ON SHOW CARD.                                       |
-------------------------------------------------------
```

OP11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER......}   {EVN-DT}

SHOW CARD OP-3.

Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CODE '95' IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

```
        LABORATORY TESTS ....................... 1
        SONOGRAM OR ULTRASOUND ................. 2
        X-RAYS ................................. 3
        MAMMOGRAM .............................. 4
        MRI OR CATSCAN ......................... 5
        EKG OR ECG ............................. 6
        EEG .................................... 7
        VACCINATION ............................ 8
        ANESTHESIA ............................. 9
        OTHER DIAGNOSTIC TEST ................. 10
        NO SERVICES RECEIVED .................. 95
        REF ................................... -7
        DK .................................... -8
```

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

```
    -------------------------------------------------------
    |  ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS       |
    |  FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4  |
    |  THROUGH 9).                                        |
    -------------------------------------------------------
```

```
    -------------------------------------------------------
    |  ALLOW CODE '95' (NO SERVICES RECEIVED), '-7'       |
    |  (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN     |
    |  THE FIRST FIELD ONLY.  ALL OTHER RESPONSE CODES    |
    |  MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER.   |
    |  CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY   |
    |  ON THE SCREEN.                                     |
    -------------------------------------------------------
```

```
---------------------------------------------------------
|  EDIT:  IF CODED '95' (NO SERVICES RECEIVED),         |
|  NO OTHER SERVICE CATEGORIES SHOULD BE CODED.  IF A|
|  SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING        |
|  MESSAGE:  'INVALID RESPONSE.  PRESS ENTER ON A       |
|  BLANK FIELD.'                                        |
---------------------------------------------------------


---------------------------------------------------------
|  WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY       |
|  FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY          |
|  ABBREVIATION BELOW THE ENTRY FIELD.  THE FOLLOWING|
|  ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR     |
|  THIS DISPLAY:                                        |
|                                                       |
|      CODE '1' = 'LAB'                                 |
|      CODE '2' = 'ULTRA'                               |
|      CODE '3' = 'X-RAYS'                              |
|      CODE '4' = 'MAMMO'                               |
|      CODE '5' = 'MRI'                                 |
|      CODE '6' = 'EKG'                                 |
|      CODE '7' = 'EEG'                                 |
|      CODE '8' = 'VACIN'                               |
|      CODE '9' = 'ANEST'                               |
|      CODE '10'= 'OTHER'                               |
|      CODE '95'= 'NONE'                                |
---------------------------------------------------------


---------------------------------------------------------
|  NOTE:  'OTHER DIAGNOSTIC TEST' AND 'NO SERVICES      |
|  RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.            |
---------------------------------------------------------
```

OP12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

Was a surgical procedure performed on (PERSON) during this
visit?

```
        YES ....................................... 1
        NO ........................................ 2 {OP14}
        REF ...................................... -7 {OP14}
        DK ....................................... -8 {OP14}
```

        PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

OP13
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

What was the name of the **main** surgical procedure?

```
      ARTHROSCOPIC (VISUALIZATION OF
        JOINTS) SURGERY ...................... 1
      CATARACT SURGERY ....................... 2
      CLEANING OR MEDICAL TREATMENT OF
        WOUND, INFECTION, OR BURN ............ 3
      D & C (DILATATION AND CURETTAGE) ....... 4
      STITCHES (WOUND SUTURE) ................ 5
      TISSUE BIOPSY .......................... 6
      TONSILLECTOMY .......................... 7
      ADENOIDECTOMY .......................... 8
      CARDIAC CATHETERIZATION ................ 9
      EAR TUBES (TYMPANOSTOMY TUBES) ........ 10
      PACEMAKER INSERTION ................... 11
      OTHER ................................. 91
      REF ................................... -7
      DK .................................... -8
```

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

```
-------------------------------------------------------
|  EDIT:  IF OP13 CODED '4' [D & C (DILATATION AND   |
|  CURETTAGE)], CHECK THAT PERSON IS FEMALE.  IF     |
|  NOT, DISPLAY THE FOLLOWING MESSAGE:  CODE         |
|  UNAVAILABLE FOR MALES.  VERIFY AND RE-ENTER.      |
|                                                    |
|  NOTE:  EDIT NOT AVAILABLE IN ROUND 1.             |
-------------------------------------------------------


-------------------------------------------------------
|  NOTE:  CODES '8' (ADENOIDECTOMY), '9' (CARDIAC    |
|  CATHETERIZATION), '10' [EAR TUBES (TYMPANOSTOMY   |
|  TUBES)], AND '11' (PACEMAKER INSERTION) WERE NOT  |
|  AVAILABLE IN ROUND 1.                             |
-------------------------------------------------------
```

OP14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

During this {visit/telephone call}, were any medicines
prescribed for (PERSON)? Please include only prescriptions
which were filled.

        YES 1
        NO .... 2 {BOX_04}
        REF .... -7 {BOX_04}
        DK .... -8 {BOX_04}

           PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

        | DISPLAY 'visit' IF OP02 IS CODED '1' (SAW |
        | PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
        | FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 |
        | IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT. |

OP15
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

Please tell me the names of the prescriptions from this visit
that were filled.

PROBE: Any other prescribed medicines from this visit that
were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

        [1. Prescribed Medicine] ....
        [2. Prescribed Medicine] ....
        [3. Prescribed Medicine] ....
        OTHER SPECIFY: (_____) 91

        | ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |
        | PRESCRIBED-MEDICINES-ROSTER. |

```
--------------------------------------------------------
|  ROSTER BEHAVIOR SPECIFICATIONS:                     |
|                                                      |
|  1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY     |
|     LISTED ON THE ROSTER.                            |
|  2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF  |
|     MEDICINES AT THE ROSTER QUESTIONS (I.E., NO      |
|     LIMIT TO THE NUMBER OF MEDICINES).               |
|  3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE  |
|     THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS  |
|     USED.  THAT IS, AS LONG AS THE INTERVIEWER HAS   |
|     NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO       |
|     DELETE A MEDICINE ENTERED IN ERROR.  IF DELETE   |
|     IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED    |
|     (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY   |
|     THE FOLLOWING ERROR MESSAGE:  'DELETE ALLOWED    |
|     ONLY WHEN MEDICINE IS FIRST ENTERED.'            |
--------------------------------------------------------
```

BOX_04
======

```
--------------------------------------------------------
|  IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'         |
|  (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_10       |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE       |
|  WITH OP16                                           |
--------------------------------------------------------
```

OP16
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

OUTPATIENT DEPT. NAME: {OUTPATIENT DEPT NAME FROM OP01}

Now I would like to ask about the physicians and surgeons who
treated (PERSON) during this visit to (OUTPATIENT DEPARTMENT).
(Have/Has) (PERSON) seen any of these doctors or surgeons at a
place of practice outside of (PROVIDER)?


```
     YES ................................... 1
     NO .................................... 2 {BOX_07}
     REF .................................. -7 {BOX_07}
     DK ................................... -8 {BOX_07}
```

```
     -----------------------------------------------------
     |  DISPLAY THE TEXT ENTRY FROM OP01 FOR 'OUTPATIENT  |
     |  DEPT NAME FROM OP01'.                              |
     -----------------------------------------------------
```

```
     -----------------------------------------------------
     |  NOTE: IN ROUNDS 1 AND 2, THE SECOND SENTENCE OF   |
     |  THE QUESTION WAS WORDED, "Do any of these doctors |
     |  or surgeons have a place of practice outside of   |
     |  (PROVIDER) where (PERSON) (was/were) seen as a    |
     |  patient?"                                         |
     -----------------------------------------------------
```


OP17
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

Please give me the names of the medical places or private
doctor's office where (PERSON) saw each of these doctors or
surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.

13-17

LOOP_01
=======

```
---------------------------------------------------------
|  FOR EACH OF THE FOLLOWING:                           |
|                                                       |
|  PROVIDER 1                                           |
|  PROVIDER 2                                           |
|  PROVIDER 3                                           |
|  PROVIDER 4                                           |
|                                                       |
|  ASK BOX_05 - END_LP01                                |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  LOOP DEFINITION:  LOOP_01 COLLECTS NAMES AND         |
|  INFORMATION ABOUT EACH SEPARATELY BILLING            |
|  PROVIDER ASSOCIATED WITH THIS EVENT.  THE            |
|  RESPONSE TO OP18 DETERMINES WHETHER THE LOOP         |
|  CYCLES AGAIN.  IF OP18 IS CODED '1' (YES), THE       |
|  LOOP CYCLES TO COLLECT THE NEXT SEPARATELY           |
|  BILLING PROVIDER.  IF OP18 IS CODED '2' (NO),        |
|  '-7' (REFUSED), OR '-8' (DON'T KNOW), THE            |
|  LOOP ENDS.                                           |
---------------------------------------------------------
```

BOX_05
======

```
---------------------------------------------------------
|  ASK THE PROVIDER ROSTER (PV) SECTION                 |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  AT COMPLETION OF THE PROVIDER ROSTER (PV) SECTION,|
|  CONTINUE WITH BOX_06                                 |
---------------------------------------------------------
```

BOX_06
======

```
    -------------------------------------------------------
   |  FOR EACH PROVIDER ADDED OR SELECTED, ADD A PAIR     |
   |  TO THE PERSON'S-EVENT-PROVIDER-PAIRS-ROSTER.        |
    -------------------------------------------------------


    -------------------------------------------------------
   |  FLAG EACH PROVIDER ADDED OR SELECTED AS A           |
   |  'SEPARATELY BILLING DOCTOR' RELATED TO THE          |
   |  OUTPATIENT DEPARTMENT EVENT BEING ASKED ABOUT.      |
    -------------------------------------------------------
```

OP18
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE
PROVIDER......}   {EVN-DT}

OUTPATIENT DEPT. NAME: {OUTPATIENT DEPT NAME FROM OP01}

Was there anyone else?

PROBE: Were there any other doctors or surgeons who treated
(PERSON) during the visit to (OUTPATIENT DEPARTMENT) and who
(PERSON) (have/has) seen at a place of practice outside of
(PROVIDER)?

```
     YES ..................................... 1
     NO ...................................... 2
     REF ..................................... -7
     DK ...................................... -8
```

```
    -------------------------------------------------------
   |  DISPLAY THE TEXT ENTRY FROM OP01 FOR 'OUTPATIENT    |
   |  DEPT NAME FROM OP01'.                               |
    -------------------------------------------------------


    -------------------------------------------------------
   |  NOTE: IN ROUNDS 1 AND 2 THE PROBE PART OF THE       |
   |  QUESTION WAS WORDED, "...and who have a place of    |
   |  practice outside of (PROVIDER) where (PERSON)       |
   |  (was/were) seen as a patient?"                      |
    -------------------------------------------------------
```

END_LP01
========

```
---------------------------------------------------
|   IF OP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
|   PROVIDER.                                         |
---------------------------------------------------


---------------------------------------------------
|   IF OP18 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'|
|   (DON'T KNOW), END LOOP_01 AND CONTINUE WITH BOX_07|
---------------------------------------------------
```

BOX_07
======

```
---------------------------------------------------
|   IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO  |
|   THIS PROVIDER FOR THIS PERSON, GO TO BOX_10       |
---------------------------------------------------


---------------------------------------------------
|   OTHERWISE, CONTINUE WITH BOX_08                   |
---------------------------------------------------
```

BOX_08
======

```
---------------------------------------------------
|   IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS     |
|   PERSON HAVE NOT COMPLETED THE OUTPATIENT          |
|   DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE     |
|   WITH BOX_09                                       |
---------------------------------------------------


---------------------------------------------------
|   OTHERWISE, GO TO BOX_10                           |
---------------------------------------------------
```

BOX_09
======

```
----------------------------------------------------
|   IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP,   |
|   CONTINUE WITH OP19                               |
----------------------------------------------------


----------------------------------------------------
|   OTHERWISE, GO TO BOX_10                          |
----------------------------------------------------
```

OP19
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

Earlier I recorded that (PERSON) had some other visits to an
outpatient department at (PROVIDER). Were any of these visits
related to any condition associated with (PERSON)'s visit on
(VISIT DATE)? That is, were any of the other visits for the
(READ CONDITIONS BELOW) and did (PERSON) receive {(READ
SERVICES BELOW)/the same services}?

CONDITIONS   **SERVICES**
{PERSON'S OP MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.} {SERVICES RECEIVED..}

```
        YES ..................................... 1
        NO ...................................... 2 {BOX_10}
        REF .................................... -7 {BOX_10}
        DK ..................................... -8 {BOX_10}
```

          PRESS F1 FOR DEFINITION OF REPEAT VISITS.

```
----------------------------------------------------
|   DISPLAY '(READ SERVICES BELOW)' IF OP11 IS **NOT**  |
|   CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' |
|   (DON'T KNOW).  IF OP11 IS CODED '95' (NO          |
|   SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW),  |
|   DISPLAY 'the same services'.                      |
----------------------------------------------------
```

```
--------------------------------------------------------
| FOR 'PERSON'S OP MEDICAL CONDITION.', DISPLAY ALL    |
| CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL-     |
| CONDITIONS-ROSTER AT OP09.                            |
|                                                        |
| FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING      |
| TEXT FOR EACH CODE ENTERED AT OP11:                   |
|                                                        |
| CODE '1' = LABORATORY TESTS                           |
| CODE '2' = SONOGRAM/ULTRASOUND                        |
| CODE '3' = X-RAYS                                     |
| CODE '4' = MAMMOGRAM                                  |
| CODE '5' = MRI/CATSCAN                                |
| CODE '6' = EKG/ECG                                    |
| CODE '7' = EEG                                        |
| CODE '8' = VACCINATION                                |
| CODE '9' = ANESTHESIA                                 |
| CODE '10' = OTHER SERVICES                            |
--------------------------------------------------------
```

OP20
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

Did any of these visits or calls cost the same amount as
(PERSON)'s visit on (VISIT DATE)?

```
        YES ..................................... 1
        NO ...................................... 2 {BOX_10}
        REF ..................................... -7 {BOX_10}
        DK ...................................... -8 {BOX_10}
```

   PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

```
--------------------------------------------------------
| NOTE:  THE ISSUE OF COST WHEN THE PERSON HAS A       |
| COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE     |
| HANDLED IN THE F1 DEFINITION.                        |
--------------------------------------------------------
```

OP21
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

Which of the following visits were related to the (READ
CONDITIONS BELOW) and {(READ SERVICES BELOW)/the same services}
and cost the same amount as the (VISIT DATE) visit we've just
talked about?

PROBE: Any other visits related to this condition and cost
the same amount?

CONDITIONS   **SERVICES**
{PERSON'S OP MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.} {SERVICES RECEIVED..}

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

                    [1. Month,Day,Year-2]
                    [2. Month,Day,Year-2]
                    [3. Month,Day,Year-2]


```
    -------------------------------------------------------
    |  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL EVENTS  |
    |  (DATES) IN PERSON'S-MEDICAL-EVENTS-ROSTER THAT     |
    |  WERE CREATED THIS ROUND, ARE NOT YET PROCESSED IN  |
    |  UTILIZATION, HAVE EVENT TYPE 'OP', AND ARE         |
    |  ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT     |
    |  BEING ASKED ABOUT.                                 |
    -------------------------------------------------------


    -------------------------------------------------------
    |  DISPLAY '(READ SERVICES BELOW)' IF OP11 IS **NOT** |
    |  CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8'  |
    |  (DON'T KNOW).  IF OP11 IS CODED '95' (NO           |
    |  SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW),   |
    |  DISPLAY 'the same services'.                       |
    -------------------------------------------------------
```

```
--------------------------------------------------------
| FOR 'PERSON'S OP MEDICAL CONDITIONS.', DISPLAY ALL|
| CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL- |
| CONDITIONS-ROSTER AT OP09.                         |
|                                                    |
| FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING   |
| TEXT FOR EACH CODE ENTERED AT OP11:                |
|                                                    |
| CODE '1' = LABORATORY TESTS                        |
| CODE '2' = SONOGRAM/ULTRASOUND                     |
| CODE '3' = X-RAY                                   |
| CODE '4' = MAMMOGRAM                               |
| CODE '5' = MRI/CATSCAN                             |
| CODE '6' = EKG/ECG                                 |
| CODE '7' = EEG                                     |
| CODE '8' = VACCINATION                             |
| CODE '9' = ANESTHESIA                              |
| CODE '10' = OTHER SERVICES                         |
--------------------------------------------------------


--------------------------------------------------------
| FLAG EACH VISIT SELECTED AT OP21 AS A REPEAT VISIT|
| RELATED TO THE EVENT BEING ASKED ABOUT.            |
|                                                    |
| FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT|
| VISIT AS 'PROCESSED'.                              |
|                                                    |
| LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH   |
| THE EVENT BEING ASKED ABOUT WITH EACH REPEAT       |
| VISIT.                                             |
|                                                    |
| THE EVENT DRIVER WILL NOT SERVE THESE REPEAT       |
| VISITS FOR THE OP SECTION.                         |
--------------------------------------------------------
```

OP22
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS
SELECTED IN PREVIOUS QUESTION:

    [Enter Repeat Visit Group] ....

BOX_10
======

```
        --------------------------------------------------
        |  IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED   |
        |  FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT |
        |  (CP) SECTION                                      |
        --------------------------------------------------


        --------------------------------------------------
        |  OTHERWISE, GO TO EVENT DRIVER (ED) SECTION        |
        --------------------------------------------------
```